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745 Fifth Avenue
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Telephone: (212) 588-0800
Facsimile: (212) 588-0500

FACSIMILE COVER LETTER

To: Brenda H. Pham
Firm: U.S. Patent and Trademark Office
Facsimile No.: 703-872-9306
From: William S. Frommer
Date: March 22, 2005
Re: U.S. Patent Application Serial No. 09/846,988
DATA TRANSMISSION DEVICE AND DATA
TRANSMISSION METHOD
Attorney Ref. 450100-03206

No. of Pages: 7
(including cover page)

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LF1810

PATENT
450100-03206**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Nobuyoshi Tomita, et al.
Serial No. : 09/846,988
For : DATA TRANSMISSION DEVICE AND
DATA TRANSMISSION METHOD
Filed : May 1, 2001
Examiner : Brenda H. Pham
Art Unit : 2664

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Barnet Shindlman

Type or print name of
person signing certification

Barnet Shindlman

Signature

March 22, 2005

Date of Signature

SUPPLEMENTAL AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the telephone interview with the Examiner on March 15, 2005, please
amend the above-identified application as follows:

PATENT
450100-03206IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Nobuyoshi Tomita, et al.
 Serial No. : 09/846,988
 For : DATA TRANSMISSION DEVICE AND DATA TRANSMISSION METHOD
 Filed : May 1, 2001
 Examiner : Brenda H. Pham
 Art Unit : 2664

745 Fifth Avenue
 New York, NY 10151
 Tel: 212-588-0800

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	6	Minus	** =20	* 0 x	\$50 (25)	= \$ 0
Independent claims	2	Minus	*** =3	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
 *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Barnet Shindlerman

Type of print name of person signing certification

Barnet Shindlerman

March 22, 2005

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicants

By:

William S. Frommer
 William S. Frommer
 Reg. No. 25,506
 Tel: 212-588-0800